| SUMMONS FOR WITNESS DOCKET NUMBER | | | Trial Court of Massachusetts District Court Department | | | |
|--|---|--|--|--|--|-----------------------|
| SESSION: CRIMINAL JURY | | | NAME | I NAME AND ADDRESS OF COURT DIVISION YO | | YOU MUST |
| NAME, ADDRESS AND ZIP CODE OF DEFENDANT | | | Quincy District Court | | | APPEAR AT |
| Commonwealth vs. | | | 1 Dennis Ryan Pkwy. Quincy, MA 02169 | | THIS COURT ADDRESS ON | |
| | | | DATE | AND TIME OF APPEA | RANCE | THE DATE |
| | | | Marc | h 26, 2012 2:0 | Opm for | AND TIME SPECIFIED |
| | | | Voir | Dire | • | HEREIN |
| | | | | | | |
| | | | | DATE | TIME | |
| Kate Corbett | | | | OFFENSE(S) | | |
| | | | Possession to Distribute Class B | | | |
| | | | Scho | ool Zone Violati | on | |
| | | | | Conspiracy | | |
| | | | | | | |
| TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH: You are hereby commanded to forthwith serve the annexed summons upon the witness named w by delivering it to the witness personally, or by leaving it at the dwelling house or usual place of about the witness or with some person of suitable age and discretion then residing therein, or by mailing it the last known address of the witness. NOTE: A summons for a witness may also be served by any person authorized to serve a summin a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure. To the above named Witness: You are hereby required in the name of the Commonwealth, to make your appearance bethe Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you: DATE OF ISSI March 6, 2012 | | | | | ess named within place of abode of by mailing it to erve a summons earance before a time to time | |
| | Michael V | V. Morrissey, District Attorney | | | | |
| RETURN OF SERVICE | | | | | | |
| I hereby certify that I served the within summons upon the above Witness by | | | | | | |
| □ Leaving a cop age and discr x Mailing a cop | oy of it at the etion then by of it to th | ersonally to the witness. he dwelling house or usual place residing therein he last known address of the witr s on but DATE RECEIVED | iess. | | · | uitable |
| DATE OF SERVICE | | DIONATURE OF REPOON MARKING OF | | TITLE OF BESS | ON MAKING CED. | <u>.</u> . |
| DATE OF SERVICE | | SIGNATURE OF PERSON MAKING SI Erin M. McFarland | | | | |
| March 6, 2012 Erin M. McFarland | | LITTIVI. IVICE ATTATIC | | Assistant District Attorney | | |